

KEES Stakeholder Meeting

February 23, 2012

Today's Program

- Welcome & Introduction
 - Darin Bodenhamer (KDHE)
 - Ben Nelson (SRS)
 - Sean Toole (Accenture)
- SRS Business Process Re-engineering
 - Ben Nelson (SRS)
- Overview of Customer Self Service Portal & Presumptive Eligibility Tool
 - Jeanine Schieferecke (KDHE)
- Question & Answer Session

Darin Bodenhamer

KDHE Project Director

Ben Nelson

SRS Project Director

Sean Toole

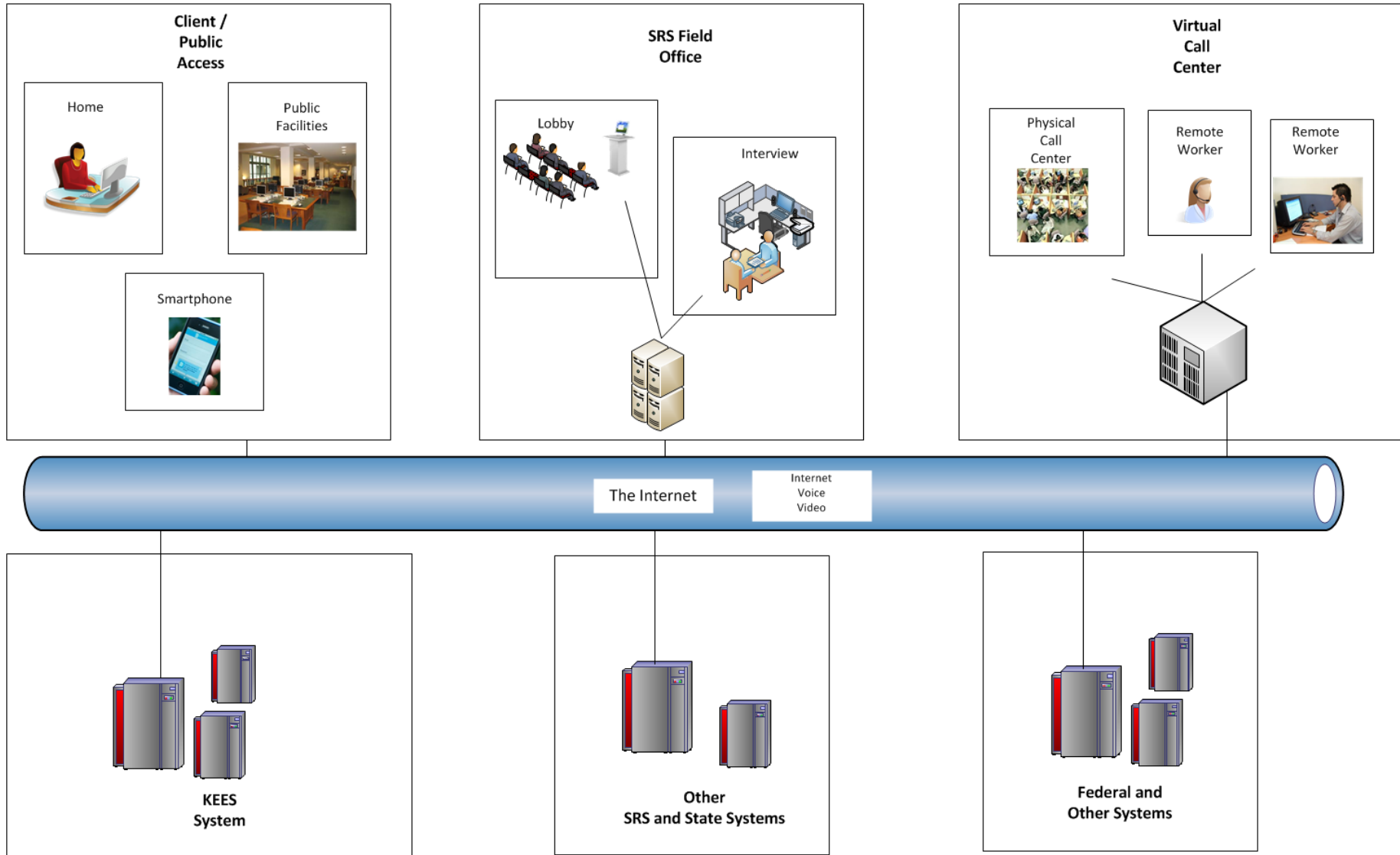
Accenture Project

Manager

SRS and KEES



SRS Concept of Operations



Business Process Redesign



Why Change?

- To Prepare Business Processes in EES for KEES
 - Don't pave cow paths
- To ensure that we don't face federal penalties for case accuracy
- To be able to focus on potentially fraudulent cases
- To prepare processes for paperless caseload
- To increase client satisfaction
- To increase employee morale

Why Change?

Caseload increases compared to Staffing

Program	FY 2009	FY2011
SNAP:	94,499	139,000
TANF:	12,571	14,000
Eligibility Staff:	617.9	635.8

This Year Case Load EES Program Information

Program	Caseload Unit	Cases	Persons
TANF Cash Assistance	Average Monthly	12,547	32,622
TANF Employment Services	Average Monthly	14,354	14,354
LIEAP	Annual	61,985	152,563
Child Care Assistance	Average Monthly	8,593	16,175
Food Assistance	Average Monthly	142,124	302,669

Process Management Principles

- Clients have different needs (Triage)
- First-contact resolution
- Eliminate repeat visits / phone calls
- Reduce rework
- Real-time data and resource management

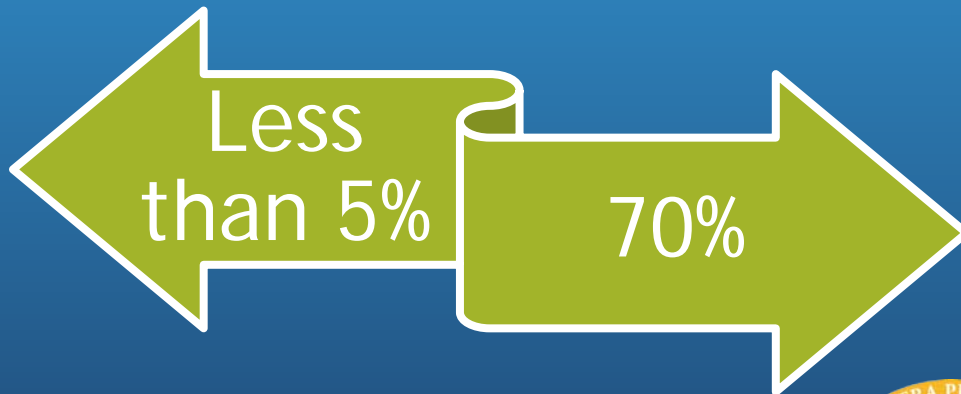
Business Process Redesign (BPR)

Early Accomplishments

*Reduced
interview wait
times*



*Increased
percentage of cases
completed at first
contact*



Business Process Redesign (BPR) Early Accomplishments

*Decreased
unnecessary client
transactions/contacts*

25,000+

10,401

*Results: Reduced # of
complaints*

*Reduced client
wait time for
essential
benefits*

January 2011 Data

- Total Clients Served through lobby and non-lobby work: 16440
- Total Cases completed during first contact: 12786
- Completion Rate: 77%
- Avoided Visits (2-4 additional): 22,688-44398

BPR Roll Out Schedule

2/24/2012

	Office	Region	Planning Date (week of)	Implementation Date (week of)	CIA Onsite*
1.	Wichita	Wichita	11/1	12/5	12/5 – 12/8
2.	Hiawatha	East	1/12	2/17	2/13 – 2/16
3.	Topeka (Planning only)	East	1/12	----	
4.	Kansas City	KCM	1/12	2/24	2/20 – 2/23
5.	Salina	West	1/19	3/9	3/5 – 3/8
6.	Emporia	West	1/19	3/9	3/5 – 3/8
7.	Overland Park	KCM	1/19	3/23	3/19 – 3/22
8.	Pittsburg	East	1/19	3/23	3/19 – 3/22
9.	Winfield	Wichita	2/23	4/6	4/2 – 4/5
10.	Lawrence	KCM	2/23	4/6	4/2 – 4/5
11.	Hutchinson	West	2/23	4/20	4/16 – 4/19
12.	Garden City	West	2/23	4/20	4/16 – 4/19
3.	Topeka (Roll-out)	East	----	4/23	4/23 – 4/26
13.	Leavenworth	KCM	3/15	5/4	4/30 – 5/3
14.	Independence	East	3/15	5/18	5/14 – 5/17
15.	El Dorado	Wichita	3/15	5/24	5/21 – 5/24

Jeanine Schieferecke

KDHE Business

Functional Manager

KEES Project Scope

- Phase I – Summer 2012
 - Online Application – Medical Programs
 - Presumptive Eligibility (PE) Tool
- Phase II – Summer 2013
 - KEES - Eligibility System – KDHE Medical and SRS Human Service Programs
- Phase III – 2014 & Phase IV- 2014-2015
 - Additional enhancements

KEES Phase 1 Demo

Customer Self Service Portal (CSSP) & Presumptive Eligibility (PE) Tool

2/23/2012

CSSP - Homepage



Language

CUSTOMER SELF-SERVICE PORTAL

User Name

[Sign Up](#)

Password

[Forgot Password](#)

[Log In](#)

[Help](#)

Message

[Maximize](#)

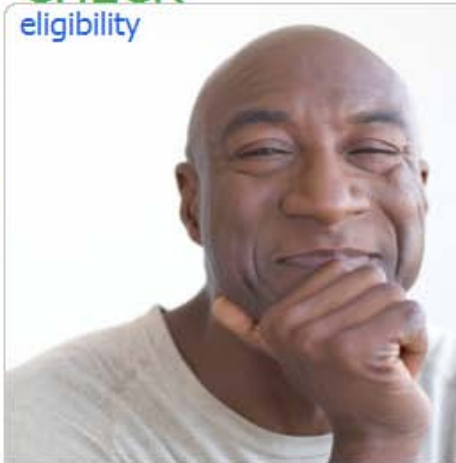
[Login to view messages.](#)

Information

links

- [Contact Information](#)
- [Program Information](#)
- [Frequently Asked Questions](#)
- [How To Use This Site](#)
- [Give Us Your Feedback](#)

CHECK eligibility



[Check to see if you may be eligible for free or low cost health insurance.](#)

APPLY for health insurance



[Apply for health insurance.](#)

CSSP – Self Assessment

CHECK eligibility

Financial Information

How many adults are in your household?

0

Is anyone age 65 or older?

☐ Yes ☒ No

How many children are in your household?

0

How much total money (before taxes) did all of the people in your household get last month? Include Income, Social Security, Child Support, etc.

0.0

How much does the household have on hand? Include cash, money in checking accounts and saving accounts, etc.

0.0

How much does the household pay for medical expenses monthly?

0.0

Does anyone have a disability?

☐ Yes ☒ No

Is anyone pregnant?

☐ Yes ☒ No

Is anyone in the household enrolled in Medicare?

☐ Yes ☒ No

Back

Continue

CSSP – Self Assessment

CHECK eligibility

Your Results

Thank you. We looked at what you told us and screened your household for:

- Low or no cost health insurance for children
- Low or no cost health insurance for families
- Low or no cost health insurance for pregnant women
- Medicaid for the elderly
- Medicaid for the disabled
- Help paying Medicare premiums

Based on the answers you gave, one or more people in the household may qualify for the health insurance programs shown below.

- Medicaid for the elderly
- Medicaid for the disabled
- Help paying Medicare premiums

[Go Home](#)[Review](#)[Apply](#)

CSSP-Medical Application

ACCOUNT

Close

Sign Up

The username cannot contain special characters, such as , <> , # , | , & , ~ , ? , () , { } , % , or * .
The password must be at least eight characters and contain at least one number or special character .
You will be automatically be logged in upon successful sign up . * Indicates required

User Name *

Password *

Confirm Password *

First Name *

Middle Name

Last Name *

E-Mail Address *

Confirm E-Mail Address *

If you do not currently have a valid E-mail address you will need to create one. Free E-Mail accounts are available at many sites.

Select secret questions for which you know the answer. If you forget your password, you will be asked to answer these questions to recover your password.

First Secret Question * What was the name of your first school? ▾

Answer *

Second secret question * What was your favorite place to visit as a child? ▾

Answer *

Sign Up

APPLY
for benefits

Let's get started

When you crate an account, we'll send a verification link to the email address you used to create the account. Click the link in that email to verify your account.

Continue

CSSP – Medical Application

APPLY
for health insurance

Enter Personal Information

Welcome
 1st Application
 People
 1-6y/18y/20y
 1-18y/18-20y
 Expenses
 Property
 Other
 Submit Application

Percent Complete: 24.0%

Applicant's Information

First Name *
 Middle Initial
 Last Name *
 Suffix (Jr., Sr., etc.)
 Maiden Name

Other Names Used:

First Name
 Middle Initial
 Last Name
 Suffix (Jr., Sr., etc.)

Contact Information

Home Phone Number
 Message/Cell Phone Number
 Work Phone Number

Email Address

I would like to receive messages through
☐ Text Message
 ☐ Email

You will receive messages related to your application in the Message Center.
 If you select 'Text Message' you may incur a charge for text messages sent to you. Verify with your phone company.

Home Address

Address Line 1 *

CSSP – Medical Application

APPLY
for health insurance

Tell us More

Welcome
Start Application
People
Abilities
Other Income
Expenses
Property
Other
Submit Application

Percent Complete: 6.0%

Please tell us more about this person.

Is this person a male or female?
Date of Birth:
Social Security Number:
Marital Status:
Is this person Blind or Disabled?
Are you applying for this person?
Does this person need help paying medical bills from the last 3 months?
Do both parents live in the home?
Is this person Pregnant?
Expected Due Date:

☐ Male ☒ Female
01/12/2012
768-09-9483
Married
☐ Yes ☒ No
☒ Yes ☐ No
☐ Yes ☒ No
☒ Yes ☐ No
☒ Yes ☐ No

Back
Save and Continue

CSSP – Medical Application

APPLY

for health insurance

Job Information



Percent Complete: 54.0%

Next, we will ask you questions about the people in your home that have, or have had, a job.

Self-Employed means you are your own boss. This includes odd jobs, childcare, lawn mowing, snow removal, cosmetic sales, rental income, etc., even if it is not your primary job.

Has anyone had a job end in the last 6 months? ☐ Yes ☐ No

Is anyone working or planning to work in the next 2 months? ☐ Yes ☐ No

Is anyone Self-Employed? ☐ Yes ☐ No

Back

Save and Continue

CSSP – Medical Application

APPLY
for health insurance

Job and Job History

Welcome Start Application People **Job/Wages** Other Income Expenses Property Other Submit Application

Percent Complete: 54.0%

You told us that there are people in your home who are working, or plan to work in the next 2 months. Please tell us more about these people by filling in the information below.

Jane Smith

Employer Name:

Employer Address:

Employer Phone Number:

Start Date:

Date of Next Check:

How often are you paid?

Are you paid an hourly wage or do you have a set salary? ☒ Wage ☐ Salary

How much do you make an hour?
(Include any shift differential or other increase to the base rate)

How many hours do you work in an average week?

How many hours of overtime do you work in an average week?

Do you get tips, commissions, or bonuses? ☒ Tips ☒ Commissions ☒ Bonuses

How much do you make in tips in an average week?

How much do you make in commissions in an average month?

How much do you make in bonuses in an average year?

CSSP – E-Signature

APPLY for health insurance

E-Signature

Welcome
Start Application
People
Subsidies
Other Income
Expenses
Property
Other
Submit Application

Percent Complete: 100%

Read all of the information below very carefully. When you are done, check the checkbox on the bottom to indicate you agree that all the information you provided in the application is accurate. You can still change information on your application now; however, once you click the "Submit Application" button below this will submit your application and you will not be able to make any further changes.

You must electronically sign this application before it can be submitted.

I understand:

- I have the right to equal treatment regardless of race, color, sex, age, disability, religion, political belief, or national origin.
- I have the right to have information I have provided kept confidential unless directly related to the administration of Kansas medical assistance programs.
- I have to provide or apply for a Social Security number for anyone who is applying for health benefits and I authorize use of these numbers to administer the program. These numbers will also be used for computer matches with other organizations such as banks, the Social Security Administration, and Internal Revenue Service.
- It is important to provide current income, address, and household composition information, and I am responsible for reporting changes during the application process and while eligible.
- Some or all of the people for whom I am applying may receive similar health coverage under the Medicaid program if eligible.
- I have the responsibility to use and report any third-party resources (such as health insurance, court settlements, medical support payments, trusts, conservatorships, etc.) that may have a legal obligation to pay any or all of the medical expense of those for whom I am applying. I understand that payment for a particular service may be withheld while a determination of failure to use a third-party resource is made.
- Any payments made to me by a third-party resource for medical services covered under Kansas medical assistance programs will be used to pay for the applicable medical bills and that these programs will only pay for services not covered by that third-party resource. I agree to cooperate with the medical subrogation unit in pursuing those third-party resources.
- If I receive medical assistance after age 54 or while in an institutional arrangement, there may be a claim against my estate to recover the medical expenditures made on my behalf. I understand that my financial institution(s) will be notified of a pending claim.
- I have the responsibility to read and truthfully answer all the questions on this application. I understand that if I provide false or purposefully misleading information on this application or hide information required by the application, I will be subject to penalties.

CSSP – E-Signature

☐ To receive any medical assistance payments for all persons receiving medical assistance who in the household are determined eligible for medical assistance.

☐ To help Child Support Enforcement (CSE) in establishing and enforcing support orders (if needed) if adults in the household are determined eligible for medical assistance.

I certify:

- That everyone I am requesting health coverage for – and who is determined eligible for such coverage – is a U.S. citizen or is a non-U.S. citizen in lawful immigration status. Proof of immigration status may be required. (Exception: persons applying for emergency medical assistance under SOBRA)
- Under penalty of perjury, that my answers are correct and complete to the best of my knowledge.

I authorize:

- Payments under this program to be made directly to the physicians and other medical providers on any medical and other health services furnished to those for whom I am applying while eligible.
- Medical providers to release medical information to the Kansas Department of Health and Environment, Division of Health Care Finance (KDHE DHCF), the Department of Social and Rehabilitation Services (SRS), the U.S. Department of Health and Human Services, insurance companies, and other contracted medical providers. I also authorize KDHE and SRS to share medical information for administrative purposes with other agencies and contractors.
- Employers, medical providers, financial institutions, insurance providers, benefit providers, and other persons or agencies with knowledge of my circumstances, to release to KDHE, SRS, or other benefit programs, any information including financial and other confidential information necessary to establish my eligibility.

Do you want us to send you a voter registration card? ☐ Yes ☐ No

Check to Sign ☒ Name

Choose one of the options below:

- ☒ I am signing this application on behalf of myself and/or my dependents.
- ☐ I am a legal representative (power of attorney, legal guardian) of the person seeking benefits.
- ☐ I am applying on behalf of someone for whom I have no legal relationship (facilitator, community partner, other relative).

[Submit Application](#)

CSSP – Submit Application

APPLY

for health insurance

Confirmation

Your application has been successfully submitted. Thank you for your application. 1423 is your confirmation number.

Your application was received by the following office location(s):

HealthWave Clearinghouse

PO Box 3599

Topeka, KS 66601

Phone: 1-800-792-4884

Fax: 1-800-498-1255

Business Hours: Monday-Friday 8:00 am to 5:00 pm

Someone from that office will contact you.

If you want to keep a copy of your application, you can:

Save-to-File

Email

Print

We value your feedback. After you have saved, emailed or printed your application, [click here](#) to complete a brief survey about your online experience.

Exit

CSSP Questions?



Presumptive Eligibility (PE) Tool



Presumptive Eligibility (PE) Tool

For Tech Support
Call ###-###-#### 

Information links

[Policy & Training](#)
[Customer Self-Service Portal](#)
[Customer Release Form](#)
[Change Password](#)

Log In



User Name

Password

Log In

Presumptive Eligibility Tool



APPLY

for presumptive eligibility


Parent/Guardian Information

Qualified Entity Staff: Cali Fornia
Staff Phone Number: (913) 456-0394

Qualified Entity: Children's Mercy West
Phone Number: (913) 233-4400
Main Address: 4313 State Ave., Kansas City, KS 66102
PE Determination Site: 4313 State Ave., Kansas City, KS 66102 ▼

Date of PE Application: *  Date of Service: * 

Parent/Caretaker/Guardian Information

First Name * Middle Initial Last Name * Social Security Number:
Date of Birth: * 

Address Line 1 *

Address Line 2

City * State * County * Zip Code *

Home/Alternate Phone Number Cell Phone Number Work Phone Number

Gross Annual Household Income: *
(before taxes and deductions)

Number of Parents in Household: *
(of the children included in this PE Tool)

Back

Save and Continue

Presumptive Eligibility Tool

APPLY

for presumptive eligibility

Children Included in Household

First Name *

Middle Initial

Last Name *

Gender: * ☐ Male ☐ Female

Social Security Number:

Date of Birth: *



Is this child a citizen? * ☐ Yes ☐ No

Does this child have health insurance? * ☐ Yes ☐ No

Has this child received PE in last 12 months? * ☐ Yes ☐ No

Are there any additional children in your household? * ☐ Yes ☐ No

Back

Save and Continue

Presumptive Eligibility Tool

APPLY

for presumptive eligibility

Results

APPROVED/DENIED:

Child First Name	Child Last Name	Date of Birth	Results	Reason/Type
Neil	Butler	01/21/2007	Denied	Other health insurance
Christopher	Butler	06/11/2001	Approved	P19
Jenna	Butler	10/14/1996	Approved	P21
Rachel	Butler	04/01/1999	Denied	Over income
Jack	Butler	08/31/1994	Denied	Not a Kansas resident
Lisa	Butler	01/02/1993	Denied	Over the age limit

Back

Accept Results

Presumptive Eligibility Tool

APPLY

for presumptive eligibility

Confirmation

*Thank you. The following results have been accepted and sent to the Clearinghouse.
Your confirmation number is 1234.*

Child First Name	Child Last Name	Date of Birth	Results	Reason/Type
Neil	Butler	01/21/2007	Approved	P19
Christopher	Butler	06/11/2001	Approved	P19
Jenna	Butler	10/14/1996	Approved	P21
Rachel	Butler	04/01/1999	Approved	P19

English:

[Print Notice](#)

[Release Form](#)

Spanish:

[Print Notice](#)

[Release Form](#)

[Complete HealthWave Application](#)

Presumptive Eligibility Tool

DETAILS

Close

My PE Applications

Search by Date of Service:

From: 01/26/2012

To: 02/09/2012

Status: Select One

Last Name:

Search

Date of PE Application	Date of Service	First Name	Last Name	Status	Submit by Date
02/08/2012	02/07/2012	Mike	Jacob	Incomplete	02/09/2012
02/04/2012	02/03/2012	Nick	Butler	Expired	02/05/2012
02/03/2012	02/03/2012	Jane	Smith	Denied	
01/31/2012	01/30/2012	James	Klus	Approved/Denied	
01/29/2012	01/29/2012	Cindy	Fields	Approved	

PE Questions?



Q & A Session

Contacts

- Darin Bodenhamer
DBodenhamer@kdheks.gov
- Ben Nelson Ben.Nelson@srs.ks.gov
- Jenifer Telshaw JTelshaw@kdheks.gov
- Julie Waddle Julie.Waddle@srs.ks.gov
- Scott Lee Brown SLBrown@kdheks.gov
- Travis Haas THaas@kdheks.gov